



# TRANSMITTAL FORM

Attorney Docket No.	P1070 US (2650/23)
Application Number	10/829,511
Filing Date	APRIL 22, 2004
First Named Inventor	RANGARAJAN SUNDAR
Group Art Unit	3731
Examiner	

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Extension of Time Request (duplic)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers  <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input checked="" type="checkbox"/> 37 C.F.R. 1.33 Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 01-2525 (MEDTRONIC VASCULAR, INC.). A duplicate copy of this sheet is enclosed.		
<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 01-2525 (MEDTRONIC VASCULAR, INC.). A duplicate copy of this sheet is enclosed.		

## CALCULATION OF FEE

				Small Entity		Large Entity			
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus		0	x \$25=	0		x \$50=	
Indep.		Minus		0	x \$100=	0		x \$200=	
First Presentation of Multiple Dep. Claim					+ \$180=	---		+ \$360=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date	December 22, 2004

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202-1450 on this date: December 22, 2004

Signature	 FRANK C. NICHOLAS (33,983)	Date:	December 22, 2004
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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the  
United States Postal Service as first class mail in an envelope addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202-1450,  
on December 22, 2004  
(Date of Deposit)

FRANK C. NICHOLAS (33,983)

Name of applicant, assignee or  
Registered Representative

[Signature]  
Signature

December 22, 2004  
Date of Signature



PATENT  
**Case No. P1070 US**  
(2650/23)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

RANGARAJAN SUNDAR

Serial No.: 10/829,511

Filed: APRIL 22, 2004

For: STENT WITH IMPROVED SURFACE  
ADHESION

Examiner:

Group Art Unit: 3731

**37 C.F.R. 1.33**

**CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22202-1450

Dear Sir:

Applicants request a change of correspondence address to:

**MEDTRONIC VASCULAR, INC.**

3576 Unocal Place  
Santa Rosa, CA 95403

Respectfully submitted,

Dated: December 22, 2004

[Signature]  
FRANK C. NICHOLAS  
Registration No. (33,983)  
Attorney for Applicants

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